

FOR INSTRUCTIONS, SEE BACK OF FORM 201	00 OCT 22 AM II: 21; FORM STATEMENT			
CHECK ONE:	DD 1			
This is an initial" Statement of Organization  This is an amended" Statement of Organization	RESERVED (Rev. 04/2008) ORGANIZATION			
All initial Statement of Dragnization must be discussed as A	For Office Use Only			
a change. Penalties may be imposed for fath flood the transmit of the	ments must be filed within 30 days of   Indexed			
committee that exceeds \$750 in activity for another effect that exceeds	Audited			
ure certified to the new office so	oudn!			
COMMITTEE NAME + + (A candidate's committee must include the	e candidate's last name in the name of the committee.)			
LOUIS for Francis	$D_{\alpha}/A_{\alpha-1}/A_{\alpha-1}$			
(1) Statewide/Legislative/Judge Standing of a Revenue of the standard of the s				
(1) Statewide/Legislative/Judgo Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (Including committee involved in multiple city/county ballot issues)				
( ) Focal Da	liot issue (including committee involved in multiple city/county ballot issues)			
Name V	COMMITTEE CHAIR (mandatory except for a candidate's committee)			
- Alina Al Severs	Name + Thomas L. Steen			
Mailing Address \$ 2116 Grand Aue #29				
City, State 1 1 - Zip Code 1 1	City, State + 12534 Carpenter Trail			
West Des Moines, IA 50765	Carlisle, TA 50047			
Phone (3/9) 730 -/594	Phone ( ) 515 - 240 - 4834			
c-Mail ac severs Quanail con	e-Mail Tsteen C Transcm.com			
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv. Comment or description:	vocate for/against candidate(s)  Advocate for ballot (ssue(s)			
All Candidates Enter:	Advocate against ballot issue(s) County/Local Candidates and Local Ballot Committees Enter:			
Office Sought:				
Political Party (if applicable)	County: (If active in multiple ballot issue elections, attach list of counties			
District:	Date of Election:			
Vest Standing for Charles.	Date of Electroli			
Year Standing for Election:				
Bank Account Name (must match committee name)	Candidate name & Address of Parent Entity (PACs, If applicable).			
Bank Account Name (must match committee name)				
Bank Account Name (must match committee name)  Towars for Freedom PAC  Name of Financial Institution/type of Account	Candidate name & Address of Parent Entity (PACs, if applicable).  Affillate, or Sponsor			
Bank Account Name (must match committee name)  Towars for Freedom PAC  Name of Financial Institution/type of Account  Bank Towar Personal	Candidate name & Address of Parent Entity (PACs, If applicable).			
Bank Account Name (must match committee name)  Towars for Freedom PAC  Name of Financial Institution/type of Account  Bank Towa Personal  Mailing Address	Candidate name & Address of Parent Entity (PACs, if applicable).  Affillate, or Sponsor  Mailing Address			
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Bank Account Name (must match committee name)  Iouans for Freedom PAC  Name of Financial Institution/type of Account  Bank Town Personal  Mailing Address  1/50 Jordan Creek Parkway  Gity State J Zip J	Candidate name & Address of Parent Entity (PACs, if applicable).  Affillate, or Sponsor  Mailing Address   State   Zip   Zip    Zip			
Bank Account Name (must match committee name)  Towars for Freedom PAC  Name of Financial Institution/type of Account  Bank Towa Personal  Mailing Address	Candidate name & Address of Parent Entity (PACs, if apolicable).  Affillate, or Sponsor  Mailing Address    City    State    Zip    Phone ( )			
Bank Account Name (must match committee name)  Iouans for Freedom PAC  Name of Financial Institution/type of Account  Bank Town Personal  Mailing Address  1/50 Jordan Creek Parkway  Gity State J Zip J	Candidate name & Address of Parent Entity (PACs, if applicable).  Affillate, or Sponsor  Mailing Address   State   Zip   Zip    Zip			
Bank Account Name (must match committee name)  Iowans for Freedom PAC Name of Financial Institution/type of Account  Bank Town / Personal Mailing Address  1/50 Jordan Creek Parkway City	Candidate name & Address of Parent Entity (PACs, if applicable).  Affillate, or Sponsor  Mailing Address   City   State   Zip   Phone ( )			
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FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
	with, L.	DR-1	OF
CHECK ONE:	Berger dentate Mental Channel		ORGANIZATION
★ This is an initial Statement of Organization C   20 All This is an amended Statement of Organization C   20 All	8: 7	(Rev. 04/2008) For Office Use C	
*An initial Statement of Organization must be filed within 10 days of the comm	- , ,	Comm. #	<del>////</del> ////////////////////////////////
making expenditures, or incurring indebtedness exceeding \$750. Amendmen		Indexed	1770
a change. Penalties may be imposed for late-filed Statements of Organization	n. A candidate with an open	Audited	
committee that exceeds \$750 in activity for another office shall file within 10 d		Computer	
DR-1 disclosing information concerning the campaign for the new office sough			
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the c	andidate's last name in the name of	f the committee.)	
Iowans for Freedom P	11.1: -1 A-1:	1 1 mm 1 1/2	/- a
	BILLICAT MELICA	( DMMICC	
IMPORTANT: Indicate type of committee you are reporting for:  (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) S	tatewide PAC / 3 \State Party / 4	County Central Co	mmittee
15 County Candidate (6 )City Candidate (7 )School Board or Other Po	litical Subdivision Candidate(8)	)County PAC (9)C	ity PAC
(10) School Board or Other Political Subdivision PAC (11) Local Ballot	Issue (including committee invo	ived in multiple city	/county ballot issues)
		-4	andidatola nammittani
COMMITTEE TREASURER (mandatory for all committees)	Name + + T /		
Name & Alina A Severs	Thomas	L. Steen	<b>/</b>
Mailing Address	Mailing Address ↓ ↓	0 1	
2116 Grand Hue 729	12839	Carpente	rirail
City, State J. Zip Code J. T. J. 2006	City, State + + , Zip Code + , +	50047	
"West Des Mones, JA 30265	Carriste, TA	_	1
Phone (3/4) 730 -1594	Phone ( ) 5/5-2	240-483	<del>7</del>
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e-Mall aa severs & mail.com	da casemi		
INDICATE PURPOSE OF COMMITTEE - Check One Box Advo	cate for/against candidate(s)	dvocate for ballot iss dvocate against ballo	UE(S)
Comment or description:	County/Local Candidates a	nd Local Ballot Col	mmittees Enter:
All Candidates Enter: Office Sought:	Country/Local Candidates of		
	County:		
Political Party (if applicable)	(If active in multiple ballot iss	sue elections, attach i	list of counties
District:	Date of Election:		
District: Year Standing for Election:	Date of Election:	<del></del> -	
District: Year Standing for Election: Bank Account Name (must match committee name)	Candidate name & Address or F	Parent Entity (PACs.	, if applicable),
Year Standing for Election:	Candidate name & Address or F	<del></del> -	, if applicable),
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Signature of Candidate, OR, for all other committees, Chairperson